

ALABAMA DEPARTMENT OF REVENUE Election and Payment of Fee for Filing a Consolidated Financial Institution Excise Tax Return

For Tax Year
20

Name of Parent Corporation				FEIN (Paren	FEIN (Parent Corporation)	
Mailing Address					Amount Due – \$6,000.00	
City	State	Zip		CN	(Official Use Only)	
Signature of Officer						
•						
Title			Telephone Number			
			()			
If payment made through Electron	ic Funds Transfer (EFT), cl	heck this box			>	
	lects to file with them a Cor	nsolidated Return	n of Financial Intitutions Excise	e Tax for the St	corporation of the controlled group of ate Tax Year shown above. Attached 3 as referenced above.	

COMPLETE THE INFORMATION BELOW FOR THE CONTROLLED CORPORATIONS							
	NAME	ADDRESS (CITY, STATE, AND ZIP)	FEIN				
1							
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Due Date: Form ET-C and remittance must be received by **April 15th** of the current tax year.

Remittance should be made payable to: Alabama Department of Revenue. Write Form ET-C, tax year, and FEIN on remittance for identification.

IF ABOVE SPACE IS INSUFFICIENT, ATTACH ADDITIONAL SHEET(S) WITH IDENTICAL HEADINGS

Mail to: Alabama Department of Revenue Individual & Corporate Tax Division Attention FIET P. O. Box 327439 Montgomery, AL 36132-7439